State/Territory: WASHINGTON

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: [ ] No limitations [X] With limitations*

2.a. Outpatient hospital services.

Provided: [X] No limitations [ ] With limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic which are otherwise included in the state plan.

[X] Provided: [X] No limitations [ ] With limitations*

[ ] Not provided.

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: [X] No limitations [ ] With limitations*

3. Other laboratory and x-ray services.

Provided: [ ] No limitations [X] With limitations*

*Description provided on attachment.

1. Inpatient hospital services.

   a. Length of stay in non-Diagnosis Related Groups participating Hospitals is limited to the fiftieth percentile of length of stay as indicated by the recipient's diagnosis in the length of stay in Professional Activities Studies (PAS) Hospitals by Diagnosis, United States, Western Region, edition as adopted and publicized by the agency. Payment will be made in excess of the fiftieth percentile only after utilization review.

   b. Long term psychiatric care limited to care provided in inpatient psychiatric facilities.

3. Other laboratory and x-ray services.

   Outpatient Magnetic Resonance Imaging must be prior approved.

4.a. Skilled nursing facility services.

   Prior approval of admission.

4.b. Early and periodic screening, diagnosis, and treatment.

   (1) In conformance with 1905(r) of the Act, all medically necessary diagnosis and treatment services are furnished to EPSDT recipients to treat conditions detected by periodic and interperiodic screening services, including the following services that are not otherwise covered the State Plan:

      (a) Chiropractors' services.

   (2) With the exception of prior authorization procedures, limitations placed on the following services do not apply to EPSDT recipients:

      (a) Psychologists' services, when provided by a community mental health center

      (b) Services for individuals with speech, hearing, and language disorders.

      (c) Preventative Services.

      (d) Rehabilitative Services.

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4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: ___ No limitations X With limitations*

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: X No limitations___ With limitations*

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: ___ No limitations X With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: ___ No limitations X With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services.

Provided: ___ No limitations X With limitations*

* Description provided on attachment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State WASHINGTON

5.a. Physicians' Services

(1) Prior approval of nonemergent surgery and/or nonemergent hospital admission.

(2) No payment for hospital visits for those days which exceed the allowed length of stay unless an extension was requested and has been approved.

(3) Limitations on calls.

(a) Two per month in nursing facility.

(d) One per day in hospital for other than flat fee.

(c) Additional calls must be justified.

(4) Physical exams:

(a) No physical exams except in specific instances.

Examples of specific instances include EPSDT screening, nursing facility placement exams and disability determinations for Title XVI related individuals.

(b) Routine physical examinations are not provided.

Examples include school required physical, physical exams for foster care placement, adoption home placement and disability/employability determinations for Title IV-A related individuals.

5.b. Medical and surgical services furnished by a dentist.

(1) Prior approval required for nonemergent surgery and/or nonemergent hospital admission.

(2) Orthodontics limited to recipients of EPSDT.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State WASHINGTON

6.a. Podiatrists' Services

(1) Reasonable and necessary for diagnosis or treatment of illness or injury.

(2) No routine foot care.

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b. Optometrists' services.

/X/ Provided: / / No limitations /X/With limitations*

/ / Not provided.

c. Chiropractors' services.

/ / Provided: / / No limitations / /With limitations*

/X/ Not provided.

d. Other practitioners' services.

/X/ Provided: Identified on attached sheet with description of limitations, if any.

/ / Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: / /No limitations /X/With limitations*

b. Home health aide services provided by a home health agency.

Provided: / /No limitations /X/With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: / /No limitations /X/With limitations*

*Description provided on attachment.

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d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

/X/ Provided: /_/ No limitations /X/ With limitations*

/_/ Not provided.

8. Private duty nursing services.

/X/ Provided: /_/ No limitations /X/ With limitations*

/_/ Not provided.

*Description provided on attachment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State WASHINGTON

6.b. Optometrists' Services

(1) Limited to 1 refraction in a 12 month period unless medically indicated.

6.d. Other Practitioners' Services

(1) Psychologists
Psychological evaluation performed by a psychologist requires prior approval. Treatment by a psychologist is not provided.

(2) Respiratory therapists and technicians
Services of certified respiratory therapists and respiratory technicians in home or in a nursing facility require medical consultant approval.

(3) Nurse practitioner clinics
Agreements with nurse practitioner clinics on an individualized basis. Payment is at a fixed rate. Only limitation is in services the clinic is equipped to provide.

(4) Denturists
Practice in accordance with the limitations prescribed in state law.

7. Home health care services

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Approval required when period of service or total monthly reimbursement exceeds limits established by the single state agency. Applies to home health agency and to services provided by a registered nurse when no home health agency exists in area.

b. Home health care services provided by a home health agency.
(1) Included in total home health agency services approved.
(2) Subject to time and financial limitations noted in 7.a. above.

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9. Clinic services.

/X/ Provided: /X/ No limitations /_/ With limitations*

/_/ Not provided.

10. Dental services.

/X/ Provided: /_/ No limitations /X/ With limitations*

/_/ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

/X/ Provided: /_/ No limitations /X/ With limitations*

/_/ Not provided.

b. Occupational therapy.

/X/ Provided: /_/ No limitations /X/ With limitations*

/_/ Not provided.

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

/X/ Provided: /_/ No limitations /X/ With limitations*

/_/ Not provided.

*Description provided on attachment.

10. Dental Services

a. Performed by a licensed dentist.

(1) Limited to medically necessary treatment for relief of pain and infection, restoration of teeth, and maintenance of dental health.

(2) Orthodontic treatment is limited to recipients of EPSDT.

b. Performed by a licensed dental hygienist.

(1) Limited to prophylaxis, fluoride treatments, topical application sealants, gingival currettage, and root planing.

(2) Must have two years of practical clinical experience with a licensed dentist within the preceding five years.

(3) Practice in accordance with limitations prescribed in state law.

11. Physical therapy and related services

a. Physical Therapy

(1) Approval

(2) Performed by a registerd therapist

b. Occupational Therapy

Allowed when provided by a home health agency certified to perform the services.

Approval requireed when the period of service exceeds limits established by the state agency.

c. Services for individuals with speech, hearing and language disorders (provided by or under supervision of a speech pathologist or audiologist).

(1) Prior approval

(2) Not provided for language disorders.